

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Table of Contents

Introduction and General Notes	page 2
Electronic ICLB tips	page 4
Residential Living Allowance: Worksheet page 1	page 5
BDDS Services: Worksheet page 2 - 4	page 15
The Service Planner	page 21
The ICLB Summary Page	page 23
Budget Modification Request (BMR)	page 26
Residential Living Allowance Supplement (RLAS)	page 27
Community Transition Services	page 28
Addendum: Personal Discretionary Funds	page 29
Submission and Approval Process	page 30
The Appeal Process	page 32
Claims and Billing Issues	page 33
BDDS Guidelines for Expenses and Costs	page 36

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Introduction

The Individual Community Living Budget (ICLB) is completed when State residential service dollars are required to support an eligible individual in his or her own residence (not while residing within the family home) in the community. An ICLB authorizes the allocation of State dollars as needed to assist in the implementation of services and supports as identified in the Individualized Support Plan (ISP); the ICLB reflects the services and supports required to meet the **basic needs** of the individual while residing in the individual's residence. An ICLB is not to be used to support an individual in his or her family home or while residing with a family member.

The ICLB is a financial agreement between the individual and/or legal representative, the provider agency, and the Bureau of Developmental Disabilities Services (BDDS) and must be approved by BDDS and verified by the Bureau of Fiscal Services **prior to the initiation of services**. The ICLB signifies the financial responsibilities of the individual and/or legal representative toward the individual's personal living expenses as well as the amount of State dollars to be allocated on behalf of the individual. ICLBs are developed and submitted by provider agencies that have established contracts with DDARS/BDDS. A provider will not be reimbursed for services provided without an ICLB that has been approved by the Bureau of Developmental Disabilities Services and verified by the Bureau of Developmental Disabilities Services.

Temporary modifications to the services listed on the ICLB can be made using a Budget Modification Request (BMR). A one-time increase to the Residential Living Allowance of an ICLB is allowed via the Residential Living Allowance Supplement (RLAS).

Types of Individual Community Living Budgets (ICLBs)

1. Crisis Assistance (CAS)
2. Emergency Supports Budget (ESS)
3. Non-Emergency Supports
4. Treatment Placement (LT/ST)

General Guidelines

1. An ICLB can only be approved by the Bureau of Developmental Disabilities Services for individuals who reside in Indiana and who have been determined eligible for developmental disabilities services.
2. Waiver and Medicaid services should be utilized to their maximum before State dollars are requested. The ICLB cannot be used to add more units of services than are authorized on a Medicaid waiver cost comparison budget (CCB). Only individuals on the DD or Autism Waivers may receive a RLA or RLA Supplement.
3. Individuals receiving services from the Support Services Waiver or the Medical Model Waivers are not eligible for the Non-Emergency Supports ICLB. If the individual is receiving the Support Service Waiver services and is in a short term emergency situation, an ESS ICLB may be available if the SS Waiver is interrupted for no longer than 2 months.
4. An ICLB must be submitted prior to beginning any services and at least 6 weeks prior to the expiration date of the current ICLB. No services or residential living allowance will be reimbursed without an approved and verified ICLB for those services and service months.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

General Guidelines (continued)

5. Any ICLB submitted after the expiration date of the previous ICLB or after the requested services have begun is "late" and cannot be approved if the start date is earlier than the first day of the month in which the ICLB was received by BDDS.
6. If any ICLB is denied, the start date of the next submitted ICLB can only be dated to the first of the month that it is resubmitted – not automatically to the original submission date of the denied ICLB.
7. All **initial** ICLB's **must be under \$220 per day and** must reflect the individual having housemate(s).
8. The **revised or annual** ICLB **can be submitted for only three (3) months, when the**
 - a. Individual does not have a housemate **and**
 - b. Daily cost of the ICLB is equal to or greater than \$220.00 per day; or
 - c. Residential Living Expense (RLE) categories of Housing, Utilities and Telephone are above the Guidelines, or
 - d. BSS and RHS Services exceed the Guidelines.

When the ICLB is submitted for review, include specific details related to efforts and activities completed to obtain a housemate or benefits, etc., **and reduce the cost of expenses and level of services.** **Contact and update** the local District office and work closely with the team to reduce the high cost ICLB.

9. When there is an increase in the daily rate, an ICLB can only be approved as it relates to Health and Safety issues. Evidence of Health and Safety issues should be reported through the Incident Report process.
10. The provider is responsible for assisting the individual in the management of his/her resources. If an error in the management of those resources results in loss of Medicaid, or Social Security benefits, etc, the State of Indiana will not augment the lost benefits.
11. The provider is responsible for assisting the individual in applying for all benefits for which the individual may be eligible within the first three months of beginning services.
12. If an individual without an earned income incentive has incurred debt, the provider is responsible to assist the individual in dissolving that incurred debt outside of the ICLB. The State of Indiana will not reimburse for incurred debt.
13. The ICLB is a budget. Funds received through the ICLB process are reimbursed to the provider based on actual expenses as documented by receipts and records of service hours provided. Billing must be reflective of the actual costs.
14. Reimbursement of services cannot exceed the amounts budgeted on the ICLB, unless an approved and verified BMR is in place. Reimbursement for RLA cannot exceed the amount for the total duration of the ICLB, unless an approved and verified RLAS is in place.
15. Only funds agreed upon through the ICLB, BMR, or RLAS will be reimbursed to the documented provider, and only the provider documented on the ICLB, BMR, or RLAS can claim said funds.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

General Guidelines *(continued)*

16. Approval and verification of an ICLB by BDDS **does not guarantee payment** if Claim Management billing and/or BDDS and claim procedures are not met.
17. When the individual's income or benefits increase or decrease for a period lasting more than three (3) months, the provider is responsible for managing the individual's resources is expected to submit a new ICLB to reflect the situation. Fluctuations that last less than three (3) months or are anticipated and budgeted for in the ICLB (i.e. seasonal employment) do not require the submission of a new ICLB.

Electronic ICLB tips

1. Since some ICLB fields automatically complete themselves, they cannot be filled in. This data is gathered from other fields, computed, and automatically placed in these fields. This saves time and increases the mathematical accuracy of each ICLB.
2. The ICLB has an introductory page that displays important notes that are relevant for that section (ICLB, BMR, RLAS). Each sectional instructions page also displays the following buttons:

Clear Form: This button clears all of the data fields in the section and should be used when a new ICLB is being developed to remove all data from the previously developed ICLB.

Save ICLB to Disk: If you are using Adobe Reader, this button will only save a copy of the blank ICLB form. If you are using Adobe Approval or the full Adobe Acrobat, this button will allow you to save the data from the ICLB as well.

Import ICLB: This button allows you to use the ICLB form as a browser to ICLBs saved in the compressed FDF format (preferred by BDDS).

Check ICLB Errors: This button allows you to check for missing or invalid data in the section. The form will first check for any missing mandatory data. After all of the mandatory data has been entered, the form will next check for any data that does not follow certain ICLB guidelines. Not all of the rules of the ICLB guidelines can be monitored on the form - BDDS and BFS staff will still manually review each ICLB, BMR, and RLAS.

E-mail ICLB: If you are using Adobe Reader, this button only checks for missing or invalid data in the section. If you are using Adobe Approval or the full Adobe Acrobat, this button also attempts to email the section to BDDS using your computer's default email program.

All ICLBs, BMRs and RLASs must be sent by email to BDDSI CLB@FSSA.STATE.IN.US or the budget will not be imported into the BDDS system and reviewed for approval.

NOTE: If you have no default email program set on your computer, this results in an error message. The solution: You must export the ICLB in FDF format and attach it manually to an email.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1

1. Enter the *last, first, and middle name of the individual* for whom the ICLB is being completed. Use the individual's **legal name**.
2. Enter the appropriate *ICLB Type*:
 - Crisis Assistance (CAS): Requiring pre-approval (rate set by DDARs) from BDDS via District Manager/Crisis Coordinator, Crisis Assistance provides immediate access to short-term, intensive services required due to a behavior or psychiatric emergency. When placement outside the individual's current environment is necessary services will be delivered in an out-of-home setting approved by BDDS.
Only the following services are available on a Crisis Assistance ICLB:
Crisis Assistance Services (rate set by DDARS)
 - Emergency Supports Budget (ESS): The Emergency Supports Services Budget provides specific limited services for an individual who has been determined eligible for developmental disabilities services by the Bureau of Developmental Disabilities Service Coordinator. This budget type is a temporary short-term intervention providing supports needed because the individual's current residential setting jeopardizes the individual's health and safety as determined by BDDS and/or Adult Protective Services. The Emergency Supports Budget provides RLA funds and specific limited services for an individual or the family of the individual.
Only the following services are available on an ESS ICLB:
Behavioral Support Services
Health Care Coordination
Residential Habilitation and Support, if fewer than 35 hours/week
Residential Habilitation and Support, if more than 35 hours/week
Residential Habilitation and Support, QMRP
Respite Care
 - Non-Emergency Supports: Non-Emergency Supports are the usual ICLB submissions. These submissions include the initial, annual or updated ICLBs for individuals who are transitioning from facility-based services and are not eligible for Medicaid, OR for those who are targeted for Medicaid DD or Autism waiver and need the RLA component, OR for those who have been identified as losing Supervised Group Living (licensed group homes) or Waiver Level of Care and need continuation of developmental disabilities services supported by State residential services.
 - Treatment Placement Services: Treatment Placement Services means intensive services that are required due to an individual's behavioral or psychiatric problems. Treatment Placement Services will be provided in a safe, therapeutic environment. If the individual poses a health and/or safety threat to him or herself, to housemates or to others, Treatment Placement Services may be delivered in an out-of-home setting approved by BDDS. The BDDS Service Coordinator will participate in meetings with the provider of Treatment Placement Service and will assist with the return to the home of the individual. Only providers specifically authorized by BDDS to provide this service will be reimbursed.
Only the following services are available on a Treatment Placement ICLB:
Treatment, Long Term/Short term Residential (rate set by DDARs)
3. Enter the *date the ICLB starts (MM/DD/YYYY)*

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

4. Enter the length of the ICLB by indicating the number of months that it will be in effect (from 2-12 months). If information is limited and/or unavailable, a short-term ICLB is recommended, especially in the case of initial budgets or when awaiting approval of a waiver budget.

Note: All Initial ICLBs must have housemate(s) reflected within the ICLB and must be under \$220 per day. An Initial ICLB can only be submitted for a period of three (3) months. The revised or annual ICLB can only be submitted for a period of three (3) months, when the Individual does not have a housemate and the Daily cost of the ICLB is equal to or greater \$220.00 per day; OR the residential living expenses (RLE) categories for Housing and Utilities are above the Guidelines, OR the BSS and RHS Services exceed the Guidelines.

Note: The approval of an ICLB will automatically cancel out any ICLB that is in effect for the same time. For example:

Jane Doe

ICLB #22 is approved to start 01/01/ 2033 and to end 12/31/2033.

ICLB #23 is approved to start 03/01/2033 and to end 05/31/ 2033.

- Jane's ICLB # 22 is canceled by the approval of her ICLB # 23, and unless another ICLB is submitted, approved, and verified, she will not have an approved ICLB after May 31, 2033.
- Jane's provider cannot be paid for service months after May 31, 2033 unless another ICLB is submitted, approved and verified.

5. Enter the *current 317 Code*. This code can be obtained from either previous ICLBs or from the local District Office.

I. INDIVIDUAL'S ASSETS

This section does not need to be completed if no RLA is requested. However, this information may be requested as Additional Information by the Service Coordinator and failure to respond to the request can result in a denial of the ICLB.

It is required that the individual and/or legal representative report all of the individual's bank accounts balance(s) and other assets to the provider in order to be placed on the ICLB.

The provider responsible for managing the individual's resources shall determine the proportionate share of jointly owned assets and enter that amount in the appropriate column.

Bank Accounts:

1. **Checking:** Enter the total current balance of all checking accounts.
Service Coordinator will check for existence of checking accounts following the first three months with an Initial ICLB and as necessary thereafter.
2. **Savings:** Enter the total current balance of all savings accounts.
3. **Other:** Enter the total current balance of all other bank accounts, certificates of deposit, etc.
4. **Subtotal:** The sum of Lines 1, 2, and 3 of Account Balances.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

INDIVIDUAL'S ASSETS (continued)

Other Assets:

5. **Real Property:** Enter the total cash value of any secondary personal vehicles and any non-primary real estate and furnishings.
6. **Securities:** Enter the total surrender value (less fees) in the Cash Value column of all stocks, bonds, and notes
7. **Trust Fund/Annuity/Burial Trust:** Enter total amount of all legally constructed funds designated for use by or on behalf of the individual. Upon request, the terms of all trusts shall be disclosed to BDDS in full by providing a copy of the instrument and an inventory of the trust. Include the cash surrender value of life insurance policies for the individual, disregarding any cash surrender value designated to a payee other than the individual (e.g., legal representative, trustee, funeral home director).

Note: BDDS will not financially support the premiums of life insurance policies or burial trusts.

8. **Personal Property:** Include the contents of safety deposit boxes, any jewelry or other valuables (television, furniture, computer, digital accessories) having a value of more than \$100 per item. Items are to be appraised at current market value and the total entered in the Cash Value column.
9. **Other:** Specify any other assets having a value of more than \$100 and not listed previously.
10. **Subtotal:** The sum of lines 5 through 9.
11. **Total Assets:** The sum of lines 4 and 10.

If this is an Emergency Supports, Crisis Assistance, or Treatment Placement ICLB, describe why those supports are required.

Provide a brief description of the circumstances requiring services for this type of ICLB. Include any loss of caregiver or similar information. Clearly indicate the crisis or emergency and justify the need for the requested supports rather than non-emergency supports.

If justification is not included on the ICLB then a Request for Information will be sent to the provider for clarification.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

INDIVIDUAL'S ASSETS (continued)

If total assets are above \$1500, explain why. Be specific.

Provide an explanation for why there is an accumulation of assets and why an RLA is still being requested.

If justification is not included on the ICLB then a Request for Information will be sent to the provider for clarification.

Describe and explain any other accounts or assets described in Section 1.

Provide an explanation and description for any miscellaneous assets described in section (I.3) or in section (I.9).

If justification is not included on the ICLB then a Request for Information will be sent to the provider for clarification.

Note: If the Justification is required and left blank, the ICLB form will indicate an error when submitted for Approval.

II. INDIVIDUAL'S MONTHLY INCOME AND BENEFITS:

1. **Net Earned Income:** Enter the total current net earned income of the individual. The ICLB will automatically calculate the Earned Income Incentive. Net earned income is based upon monthly payroll records and may be averaged, using the previous three months of payroll records as the basis.
2. **Earned Income Incentive:** Earned Income Incentive (EII) allows the individual to increase the amount of discretionary income for personal use to purchase items not included under monthly living expenses. The use of EII should be based upon the Person Centered Planning process and reflected in the ISP. If the individual receives an RLA, the EII expenditures must be documented on the *ADDENDUM: Personal Discretionary Funds*.

The individual is requested to use EII dollars to increase independence by applying the EII to monthly living expenses, thus reducing or eliminating an RLA. The individual is not required, but is encouraged to use the EII to support the monthly living expenses. BDDS will not fund items that are not covered in the ICLB guidelines (car payments, fuel, car insurance, loans, additional cable premiums, etc.) due to a loss of wages. When an individual is interested in obtaining internet services, the Earned Income Incentive is expected to be used for the monthly payment. If the individual accrues debt, the Earned Income Incentive needs to be used for repayment. The personal discretionary screen under the Addendum needs to be utilized. The job security of the individual must be taken into account when making these decisions. (EII is calculated automatically on the form. EII is defined as the first \$16 of net earned income plus 50% of any net earned income over \$16.)

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

INDIVIDUAL'S MONTHLY INCOME AND BENEFITS: (continued)

3. **Income Balance:** The difference between Line 1 and Line 2. This amount will be used to support the Monthly Living Expenses, in addition to any other benefit described in lines 4 through 9.

The individual and/or legal representative is expected to apply for all entitlements and benefits for which the individual may be eligible. The provider responsible for assisting the individual in managing his/her resources and/or the case manager are expected to assist the individual in applying for these benefits within 30 days of beginning to receive an RLA.

4. **Supplemental Security Income (SSI):** Enter the monthly amount of SSI currently **or anticipated to be** received. If the Court orders that the individual is required to have a guardian, the guardian is responsible to request SSA office to deduct no more than \$35.00 from the SSI payment prior to the SSI payment being sent to the individual/representative payee.
5. **Social Security Disability Income (SSDI):** Enter the monthly amount of SSDI currently received. If the Court orders that the individual is required to have a guardian, the guardian is responsible to request SSA office to deduct no more than \$35.00 from the SSDI payment prior to the SSDI payment being sent to the individual/representative payee.
6. **Pension/Annuity Income:** Enter the monthly amount of income from pensions or annuities (e.g., V. A. pensions, retirement plans, trust funds).
7. **Food Stamps/EBT:** Enter the monthly amount of Food Stamps/ Electronic Benefit Transfer Card benefits received. Do not subtract this amount from Groceries; the form will calculate automatically.
8. **HUD/Section 8 Supplement:** Enter the monthly amount of housing voucher benefit currently received. Please enter the total amount for the **HUD / Section 8 Supplement** received. Do not subtract this amount from Housing; the form will calculate automatically.
9. **Other:** Itemize other sources of income (e.g., the interest on checking, savings and certificate of deposit accounts, income from a contract sale, income from a rental property, child/alimony support income, and benefit income for dependents living with in the home), and enter the total monthly amount currently received.
10. **Total Monthly Income and Benefits:** Sum of lines 1 through 9.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

JUSTIFICATIONS:

Why does this individual have a zero amount listed as income and/or why does the individual have an amount lower than the allowable benefits.

Explain why there are no benefits, such as SS or food stamps. If SSI amount is less than the annual amount allowed, explain why.

If justification is not included on the ICLB then a Request for Information will be sent to the provider for clarification.

Explain any required adjustments in benefits.

If benefits have been reduced or increased from the previous ICLB, please explain why this has occurred.

If justification is not included on the ICLB then a Request for Information will be sent to the provider for clarification.

Describe and explain any other income or benefits described in Section II.

Provide an explanation and description for any miscellaneous income or benefits described in section (II.9).

If justification is not included on the ICLB then a Request for Information will be sent to the provider for clarification.

Any lump sum increase in resources (i.e. inheritance, social security back pay, etc) must immediately be reported to the provider responsible for assisting the individual in managing his or her resources. The provider must confirm the legitimacy of the lump sum.

If failure to account for an increase in resources results in the individual being required to "pay back" SSI or SSDI, the provider shall be responsible for those costs, not the State of Indiana.

Once the resources have been confirmed, the Individualized Support Team shall assist the individual and/or legal representative to develop a plan for using these funds. If the individual receives a Residential Living Allowance (RLA) and has an EII or receives a lump sum payment, the Addendum page of the ICLB must be completed to document the purchase decisions.

Note: If the Justification is required and left blank the ICLB form will indicate an error when submitted for Approval.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

III. **MONTHLY LIVING EXPENSES**

The Total Monthly Living Expenses should not exceed 150% of the federal poverty level for a single individual without written justification.

Actual **costs and** receipts of expenditures must support the monthly claim presented to DDARS/BDDS and FSSA Financial Management by the provider. The provider may bill for an amount over the monthly RLA noted on the ICLB in any month as long as the total amount of the RLA authorized for the length of the ICLB is not exceeded. Actual expenses may fluctuate from month to month from what is budgeted in the individual categories as long as the total amount of the RLA authorized for the length of the ICLB is not exceeded. See *Guidelines for Expenses and Costs* for additional information.

The following explanations are offered to assist in determining the amounts for monthly living expenses.

- Monthly Living Expenses are for the sole purpose of the individual and must not be used to support the needs of support staff, family or friends.
- Expenses that are not paid on a monthly basis (e.g., non-insured medical expenses or quarterly insurance premiums) are to be equally divided across the length of the ICLB. The provider is responsible for monitoring the monthly expenses and allocating the funds in the month that the cost is actually incurred.
- Fluctuations in monthly utility costs are to be totaled and averaged for the monthly amount. The provider is responsible for monitoring the monthly expenses and allocating the funds in the month that the cost is actually incurred. Individuals are encouraged to participate in utility company budget plans.
- All persons (including dependents) residing within the home, whether receiving BDDS services or not, must equitably share in the monthly living expenses, which includes **housing**, utilities, phone and other shared residential living costs. A person is considered to be residing in the home if the continued presence in the home exceeds 7 (seven) consecutive days.

1. **Housing:** Enter the total monthly rent currently paid by the individual. If a monthly HUD voucher applied to the monthly rent, record the amount in the HUD line of the Income section, but do not remove it from the individual's share of the actual rent. The two figures will be reconciled in the **electronic** RLA equation.

Note: DDARS/BDDS recommend guidelines for cost based on the Fair Housing Market guidelines provided by the Housing and Urban Department. BDDS will refer to the Fair Housing Market guidelines as well as the BDDS ICLB guidelines when reviewing the request for Housing costs. If the request exceeds the ICLB Housing guidelines, the provider will need to provide justification for the cost.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

MONTHLY LIVING EXPENSES (continued)

Note: Housing costs must include the provision of the refrigerator, stove, furnace//heating units and other appliances. Costs may include air conditioner and/or washer/dryer, and lawn mowing, if they are included in the total rent **and under the Housing guideline**. The purchase and/or maintenance of major appliances with RLA or RLAS is not permitted.

2. **Utilities:** Enter the monthly cost of utilities (gas, electric, water, sewer and trash service) to be paid by the individual. Annual costs for utilities need to be added and averaged for the monthly amount to cover the length of the ICLB.
3. **Telephone:** Enter the monthly cost of the basic local telephone service to be paid by the individual. The telephone service costs are for the sole use of the individual and must not be used for the purpose of the provider or support staff. Long Distance telephone should be listed under "Other."
4. **Groceries:** Enter the total monthly cost of food required for the basic nutritional needs of the individual. The groceries that are supported by this expense are groceries solely for the individual. Purchase of food for use by support staff is not permitted. If there are grocery funds within the Groceries guideline remaining after purchasing items that meet the nutritional needs of the individual for the month, the individual may purchase food from restaurants. The provider is responsible for the managing of the grocery funds and to work with the individual to develop healthy eating habits with in the given budget.
5. **Personal Necessities:** Enter the total monthly amount needed to cover personal necessities for the individual. These personal necessities are to be considered consumable items or items that do 'wear out.' Examples of Personal Necessity items include clothing (underwear, socks, etc), haircuts, personal hygiene items (shampoo, soap, toothpaste, deodorant, nail clippers, toilet paper, etc.), cleaning supplies (dish detergent, paper towels, glass cleaner, toilet bowl cleaner, etc.), and laundry expenses (laundry soap, fabric softener, Laundromat costs, etc.). For purchase of clothing and other consumable items, which cost more than one month's Personal Necessities guideline amount, the cost may be budgeted within the ICLB period of time. The purchase is to be planned within the ISP and the budgeting of the purchase is the responsibility of the provider and individual. Receipt of the item(s) must be available at the end of the ICLB period of time showing the cost of the items purchased by the budgeting process.
 - Cigarettes may be purchased for the individual If there are personal necessities funds remaining after purchasing items that meet the needs of the individual for the month. Cigarettes are not to be listed as a separate Monthly Living Expense or requested on a RLAS. The provider is responsible for the managing of the personal necessities fund.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

MONTHLY LIVING EXPENSES (continued)

6. **Property Insurance:** Enter the total monthly cost of the premium for renter's insurance to be paid.
7. **Medical-Not Insured:** Enter the total monthly amount needed to cover medical supplies, medications, or medical treatments necessary to meet the needs of the individual that are not covered by other sources (health insurance, Medicaid State Plan). This does include the Medicaid Select premium. **Any Medicaid spend-down must be entered in line 11 of this section.** If the cost of the medical not-insured exceeds the guidelines, justify by listing specific prescribed medications for co-pays. All medications need to be listed upon submission of ICLB.
- If a generic medication is available, BDDS will not reimburse for the name brand medication.
 - Food thickeners are not a reimbursable expense on the ICLB (work with a dietician for other options to thicken foods).
 - The Medicaid PA system must be utilized before BDDS will consider any requests for additional medical supplies.
8. **Other:** Specify any additional expense categories not otherwise listed (i.e., basic cable, basic internet service).
- **Basic Cable:** BDDS will cover the expense for **lowest basic local stations or antennae** cable service. This cost is to be divided between all individual who will be utilizing the service. **If an individual would like additional channels, only Earned income Incentive may be used for payment. Cable services will be approved if the individual does not have an Earned Income Incentive, is able to benefit from the current events information available and is able to benefit from the entertainment value of the cable offerings.**
 - **Basic Internet:** BDDS will only cover the expense for basic dial up internet service. Internet service will only be authorized if the individual does not have an Earned Income Incentive, is not able to utilize the library due to health conditions which deems him/her home bound, and/or is unable to use telephonic communication. A second telephone line can not be requested due to the individual having dial up internet. The purchase of computers is the responsibility of the individual. The team may need to monitor the websites in which the individual is accessing for appropriateness while on the internet.
 - **Long Distance Telephone service:** BDDS will cover a minimal amount of long distance for an individual to keep in contact with friends and relatives, if the individual does not have an Earned Income Incentive. The amount of this long distance service is determined within the team and needs to be written within the ISP. Suggestion: This service would best be monitored with the use of a long distance phone card.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 1 (continued)

MONTHLY LIVING EXPENSES (continued)

Justification:

Describe any uninsured medical expenses or other expenses:

If there is a dollar amount listed on line 7 and/or 8, an itemized description and detailed explanation must be entered in this field.

If justification is not included on the ICLB then a Request for Information will be sent to the provider for clarification.

9. **Subtotal of Expenses:** Sum of lines 1-9.

Justification:

Justify exceeding the recommended guideline expense amounts:

An explanation must be entered in this field if the monthly expenses exceed the recommended guidelines listed in the *Guidelines for Expenses and Costs*.

If justification is not included on the ICLB, then a Request for Information will be sent to the provider for clarification.

10. **RLA administration:** Applicable when a provider contracted through BDDS is handling the RLA only and services are provided by an agency that does not have a contract with BDDS. The RLA administration amount is 5% of the total residential living expenses.
11. **Medicaid Spend Down:** If the individual is not receiving services on the DD waiver, this field should show the amount of spend down for which the individual is responsible. (Do not include Medicaid Select Premium in this block. Include Medicaid Select Premium in 7. Medical – Not Insured.)
12. **Total Monthly Living Expenses:** Sum of lines 10 through 12.
13. **Total Monthly RLA Amount:** Line 13 minus line 9.
14. **Average Daily RLA Amount:** Line 14 times 12 divided by 365
15. **Total RLA for duration of the ICLB:** Line 14 multiplied by the number of months the ICLB is to be in effect.

The fields for numbers 13 – 15 should be zero if the individual's income exceeds his or her expenses.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 2

III. BDDS SERVICE COSTS

This section should not be completed if services are supported via a Medicaid waiver.

BDDS-funded services are to support the individual residing in his or her own home (not residing in home with parent) in order to be an active participant in his or her community and become as independent as possible.

Rates of reimbursement include administrative costs. Additional units of service for administration costs or indirect service charges are not allowed.

Reimbursed costs must be for actual services provided and documented, up to the amount of services described in the Service Planner and authorized through the ICLB.

The units of service entered must be a reflection of the services indicated on the Service Planner. The amount and combination of services should reflect the average services needed to support the individual during one month of 31 days or an average of 4.3 weeks per month.

Many BDDS services have limitations on use or cost or require justification if requested. Please refer to the current BDDS Service Definitions.

Adult Day Services

- Community based programs designed to meet the needs of adults with developmental disabilities.
- Structured, comprehensive programs
- Meals and nutritional snacks required
- Attend regularly – minimum of 3 hours to maximum 12 hours/day
- Three levels for this service. Refer to the Service Definition.

Adult and Children's Foster Care: (on summary page, the number of persons residing in the home is the number of individuals who are receiving Developmental Disabilities Services.)

- Personal care and services, Homemaker/chore services
- Attendant care and companion care services
- Respite for the foster parent
- Medication oversight
- Other appropriate supports as described in the Individualized Support Plan
- Total number of unrelated living in the home cannot exceed four.
- Level 1 – 1 individual may reside with 3 others; Level 2 - 1 individual may reside with 1 other; Level 3: the only one individual in the home; Level 4: Rate set by BDDS Director
- Inclusion of additional services - Respite, RHS, and IAS services and RLA - are not allowed within the ICLB when AFC service are approved

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 2 (continued)

BDDS SERVICE COSTS (continued)

Behavioral Support Services:

- The Medicaid services Behavioral Support Services Level 1 and Behavioral Support Services level 2 are combined into a single service on the ICLB. This service requires justification:
- List target behaviors being addressed with behavioral support services
- If over 6 hours per month, provide a detailed explanation including what specific activities are being provided by the behavioral specialist to support the on-going need for the requested amount of hours.
- The ICLB can only be submitted for a 3 month period when BSS is above the 6 hour a month guideline.
- BSS is not available on the ICLB if the individual is receiving waiver services.

Community Habilitation and Participation:

CHPG (Community Group): No limits

CHPI (Community Individual):

- Hard cap of 25 hours per month.
- CHPI needs to be a scheduled , integrated ongoing activity.
- Justification for CHPI needs to list specific activities being used for this service, including an explanation on how this activity is being used to facilitate and build relationships and natural supports and what specific skill acquisition is being developed.
- Activities are strictly limited to those supporting the service definition.

Crisis Assistance Services

- Immediate services to provide short term intensive services due to behavioral or psychiatric emergency.
- Needs to be pre-approved from BDDS District Manager/Crisis Assistance Coordinator.

Health Care Coordination

- Medical coordination services to manage the health care needs of the individual.
- Appropriate level will be determined by a healthcare professional, refer to the BDDS Service Definition for the requirements of each level. If the individual is requiring Skilled Nursing Care (meaning more than one unit of HCC) and is Medicaid eligible, the Health Care Coordination should be provided via a Prior Authorization within Medicaid.
- Medicaid PA needs to be utilized for skilled nursing care. Utilization of HCC above one unit must be requested from Medicaid PA. If the Medicaid PA results in a denial, then the additional units can be on the ICLB.
- Must include clear justification for the service, i.e. obesity, diabetes, high blood pressure.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 2 (continued)

BDDS SERVICE COSTS (continued)

Independence Assistance Services (IAS)

- IAS includes activities to monitor the continued acquisition of skills and provide assurance that the identified programmatic structure developed with the individual for the basic protection of health and safety is being maintained.
- Maximum of 120 units (30 hours) per month.
- 50% of the time must be direct services.
- Indirect time may be included to adequately monitor the individual's skills.
- An individual receiving IAS is not eligible for RHS or Respite.

Therapies: Music, Occupational, Physical, Recreational, Speech, (Psychological)

- Medicaid State Plan or private insurance should be pursued prior to requesting the service on the ICLB. The team must discuss and agree that the therapy should be included in the ISP.
- Justification for any therapy services must included on the ICLB.
- List specific outcomes expected from the therapy.

For Occupational, Physical and Speech Therapies:

- State that Prior Authorization was submitted and denied
- List denial reason for PA
- The provider is responsible to have the PA denial on file for the Medicaid recipient.
- A denial based upon incorrect codes or inaccuracy of submission is not acceptable.

Personal Emergency Response System

- Individual to communicate the need of immediate assistance when the individual is receiving less than 24 hours per day of supervision.
- Monthly service of the Personal Emergency Response needs to be justified for the individual.
- Limited to \$52.07 per month.

Rent and Food for Unrelated Live in Caregiver Services

- Caregiver receives room and board; up to \$545 per month
- Is unrelated to individual by blood or marriage; Like companion; lives within individual's home or apartment
- Is a companion;
- Provider must be approved to provide RHS and/or CHP services

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 3

BDDS SERVICE COSTS (continued)

Residential Habilitation and Support

- Direct supervision, monitoring, training, education, demonstration or support to assist with: Behavioral Support plan implementation, acquisition, improvement/retention of life skills, assistance with meals, shopping, medical appointments, running errands, household care/chores, leisure time activities and community exploration.
- An individual receiving RHS is not eligible for IAS.
- The Housemate information fields need to be completed if the individual requests RHS services and has housemates.

Name of housemate must be included

- Housemate's *daily units* of RHS1, RHS3 and/or IAS services. If the housemate is receiving none of these services, enter a zero here and skip the next two columns.
- Housemates *funding source*
- Housemate's *Waiver slot #* or *Dart Customer ID Number*. These may be obtained from the Case Manager or BDDS Service Coordinator, respectively. The Dart Customer ID Number also appears on ICLB correspondence.

RHS1: 35 hours or less per week

RHS2: QMRP available only in conjunction with RHS1, limited to 10 hours per month

- Development of Individualized Support Plans and monitoring the implementation of the plan designed to meet targeted outcomes
- Refer to the BDDS Service Definitions

RHS3: 35 hours or more per week

- **RHS 3 will be limited as follows**
 - 1 person setting -- average of 18 hours per day per household
 - 2 person setting -- average of 30 hours per day per household
 - 3 person setting -- average of 40 hours per day per household
 - 4 person setting -- average of 50 hours per day per household

Justification for Residential Habilitation and Support must include

- A description of how this service is being utilized by the individual as indicated in the Individualized Support Plan.
- If exceeding the limits referenced above, **specify**
 - Reasons for no housemate
 - Reasons for inability to share more hours with housemates
 - Plan to locate housemate or share more service hours
 - Explanation how issues are being addressed

If RHS hours exceed the guidelines as indicated in the *BDDS Service Definitions*, provide a detailed explanation in this field.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 3 (continued)

BDDS SERVICE COSTS (continued)

Respite (for ESS only)

- The guideline for Respite services is \$2,000 per year.
- Short term relief of Primary Caregiver
- **Individual Respite OR Group Respite available in some geographic areas**

Transportation

- If the individual is on Medicaid, transportation for medical appointments can not be reimbursed through the ICLB.
- Level 1 Residential 24 hour supervision: The individual does not require mechanical assistance to transfer in and out of the vehicle, (up to \$300 per month) OR
- Level 2 Residential 24 hour supervision: The individual does require mechanical assistance to transfer in and out of the vehicle, (up to \$150 per month) OR
- Round Trip, Initial: \$8.91 per round trip per day (Maximum of \$276.21 per month); and
- Round Trip, Second round trip per day: \$2.00 per round trip (Maximum of \$62.00 per month).
- Parents of minor children cannot be reimbursed for transportation.

Instructions for Worksheet Page 4

These services are not monthly services. Refer to the BDDS Service Definitions for complete details.

These services do not result in lump sum payments from BDDS. The total sum of this page of services is divided by the duration of the ICLB, resulting in a monthly amount that is added into the Monthly Service cost derived from the previous Services worksheets.

Environmental Modifications Supports: Initial

- Describe and justify the installation of Environmental Modifications for this individual. Include cost share information.
- \$15,000 Life time cap
- Must include 3 bids/estimates for work
- Requires faxed estimates on all projects to the Service Coordinator
- Estimates must be detailed and should include a drawing of the intended work

Environmental Modification Supports: Maintenance

- Describe the Environmental Medication being maintained for this individual. Include cost-share information.
- \$300.00 Annual cap

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Instructions for Worksheet Page 4 (continued)

BDDS SERVICE COSTS (continued)

Family and Caregiver Training

- This is not to be used for provider paid direct care staff.
- This service requires justification:
- To provide training and education to instruct family, other family member or primary caregiver about treatment regimens for the individual; To improve the parent, family member or primary caregiver to provide care.
- Limit of \$2000 per year

Personal Emergency Response System (Installation)

- Individual to communicate the need of immediate assistance when the individual is receiving less than 24 per day supervision.
- Installation of the Personal Emergency Response needs to be justified for the individual.
- Limited to \$52.07.

Specialized Medical Equipment and Supplies:

- If an individual is a Medicaid recipient, Specialized Medical Equipment and Supplies may be obtained Medicaid Prior Authorization (PA). ICLBs will not be used to purchase equipment and supplies, if the individual has health insurance or Medicaid eligibility.
- If the individual is a Medicaid recipient and is in the process of obtaining Medical Equipment through Medicaid PA , those items may be need to rented and cost would be included within the ICLB upon agreement with the Service Coordinator.
- Interpreter Services and vehicle modifications that are not available through Medicaid State Plan may be obtained on the ICLB.
- All Specialized Medical Equipment and supplies need to be approved by the Service Coordinator before added to the ICLB.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

THE SERVICE PLANNER

A Service Planner is not required if the services are being funded via a Medicaid waiver.

In developing a Service Planner, there must be a clear connection between the basic needs of the individual, as identified in the Person Centered Planning Process and Individualized Support Plan, and the services to be delivered.

A Service Planner is required with every ICLB that includes service costs. The Service Planner is to describe the estimated number of all services and hours of services that the individual will receive in an average 7-day week. The Service Planner must indicate all services that the individual will receive and any work (sheltered work, supported employment, pre-vocational services, etc.) or schooling as well as the proposed ICLB services. A Service Planner is not to be considered the exact schedule per day for the individual. The individual and the provider develop the specific schedule based upon the actual daily of needs and weather conditions and other considerations.

When housemates also receive services, all shared services must be indicated on the service planner. All services must be identified with the ratio of individuals to staff. One individual to one staff is 1:1 – Two individuals to one staff is 2:1.

For example:

- RHS 1:1 = Residential Habilitation and Support one-on-one
- Work 2:1 = Job in community, two individuals with one staff
- Work 1:0 = Job in community with no staff
- Ther-G 8:1 = Group Therapy with 8 individuals and one staff

Notes: For each shared service, add together the total number of hours required by all individuals for that service in the seven-day period. Divide that by the number of individuals sharing the service. Record the result as the number of hours/week that one individual receives that service.

The ICLB Worksheets pages 2, 3, and 4 must reflect the number of units per week indicated for each ICLB service listed on the Service Planner.

To calculate the number of units needed for a month, using the Service Planner:

- Take the number of units used in a 7-day week and divide by 7 to get a daily average.
- Multiply the daily average by 31 days and you have an average monthly total of units
- Always round up if the required number of units is a decimal

For example:

Rosa Doe has 140 units of RHS listed on her Service Planner.

140 units ÷ 7 days in the week gives Rosa a daily average of 20 units of RHS

20 units/day x 31 days in the month gives a monthly average of 620 units, which should be the figure listed on Worksheet page 1.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

THE SERVICE PLANNER (continued)

- **Housemate Information** – Complete information for all housemates. For housemates that are not BDDS service recipients, the SSN is not required.
- **If this individual does not have a housemate, please explain why** – If the individual does not have housemate(s), this field must be completed. Include all plans for locating a housemate if RHS hours exceed limits. If the Individual Support Team believes a housemate is not appropriate, include that explanation.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

THE SUMMARY PAGE

- Enter the *date the ICLB is prepared*
- Select the appropriate *BDDS District Office* from the drop-down menu
- Enter the name of the *person preparing the ICLB*
- Select the *relationship of the person preparing the ICLB* from the drop-down menu
- Enter the *e-mail address* for the provider contact person who will receive all correspondence regarding the ICLB
- Enter *Service Coordinator's Name*
- Enter the *Case Manager's Name*, if applicable
- Enter the *Case Manager's E-mail*, if applicable
- Enter the *Case Manager's Agency*, if applicable
- Indicate the *Vocational Habilitation Provider* (for sheltered work, supported employment follow-along, Community Habilitation and Participation, etc.), if applicable
- Select the *Vocational Habilitation funding source*, Title XX or Waiver, from the drop-down menu
- *Is this a change of address for the consumer?* This field must be answered with yes or no from the drop down menu.

Individual Covered by Community Living Budget

Note: The name of the individual is carried over from Worksheet page 1

- Enter *date of birth* for the Individual. The format is **mm/dd/yyyy** or 02/05/2002
- Enter the *Medicaid number* for the Individual, if applicable: Enter individual's current Medicaid number. Enter "Applied" if the individual has applied and a determination of eligibility is pending. Enter "Appealed" if the individual is in the process of appealing a denial and a determination has not been completed. Enter "Denied" if eligibility has been denied or the denial has been upheld on appeal.
- Enter the *Social Security number* (SSN) of the Individual.
- Enter the street *address* of the Individual
- Enter his or her *City and Zip code*
- Select the *number of persons residing in the home*. This number indicates the number of individuals in the home that receive state funds, including the person **requesting** the ICLB. **For the AFC and CFC homes, indicate the number of persons who are receiving the DD services only. For those individual who have dependents, indicate only those adults that are residing in the home.**

DDARS/BDDS Funding Requested for Individual

This section completes automatically using data from the Worksheets.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

THE SUMMARY PAGE(continued)

Other Funds Being Used for Individual's Supports

- **Medicaid Waiver Type:** Enter the appropriate Medicaid waiver funding that the individual is receiving. Individuals on the Support Services Waiver are not eligible for a Non-emergency Supports ICLB. If the individual is not receiving a waiver, leave this section blank.
- **Slot #:** Enter the individual's active Waiver Slot Number.
- **Monthly Waiver Amount:** Enter the total monthly amount the individual is currently receiving in services paid by Medicaid Waiver funding.
- **Other Monthly Funds:** Enter monthly amounts for other funding sources used to support the individual, such as C.H.O.I.C.E., Department of Education, or Vocational Rehabilitation Services. If the individual already receives services funded by these sources and funding is expected to continue at the same level, enter the current monthly amount.
- **Explain All Other Monthly Funds-** this field is required if a dollar amount is listed in the *Other Monthly Funds* field.
- **Total Other Funds:** Calculates automatically.

Comparison of Costs (Current versus Proposed ICLB)

1. **Current ICLB Expires:** Enter the date the most recently approved ICLB expires. If submitting the individual's first ICLB, leave this line blank. The format is **mm/dd/yyyy** or 02/05/2002

If applicable, explain why this ICLB is being submitted after services have begun or after the expiration of the previous ICLB. Be specific regarding the reason ICLB is being submitted late. ICLBs submitted late due to provider error are unlikely to be approved.

2. **Current Provider Agency:** Enter the full legal name of the current contracted provider responsible for assisting the individual in managing his/her resources and/or for supporting the individual with developmental disabilities services. If submitting the individual's first ICLB, leave this line blank.
3. **Current ICLB Total Daily Average:** Enter the daily average of the most recently approved ICLB. If submitting the individual's first ICLB, leave this line blank.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

THE SUMMARY PAGE(continued)

Comparison of Costs (continued)

4. **Community Transition Services costs:** This amount is auto-filled from the Community Transition Services Worksheet and is available for an individual's initial Non-Emergency Supports ICLB only. For other information and restrictions, see Instructions for Community Transition Services on page 29 of these instructions.
5. **Proposed ICLB start date and duration:** This amount is auto-filled from the Worksheet Page one.
6. **Proposed Provider Agency:** Enter the full legal name of the contracted provider that will become responsible for assisting the individual in managing his or her resources and/or for supporting the individual with developmental disabilities services when this budget is approved. Do not leave this field blank. Do not use "same" or "NA"- always list the name of the provider, even if it is the same as the current agency. **Note: The Proposed contracted agency is the provider of record for this submitted ICLB, if approved.**
7. **Proposed ICLB Total Daily Average:** This amount is auto-filled from line 3 of the DDARS/BDDS funding section of this page.
8. **Proposed Earned Income Incentive:** This amount is auto-filled from the Worksheet Page one.

Acknowledgment and Signatures

The living expenses, services, and the individual's responsibilities based upon the individual's income and benefits under this Budget shall be explained to the individual and/or the legal representative.

Upon review of the ICLB, the individual and/or legal representative is to sign and date the Budget Summary on the identified lines, which indicates his or her approval.

The representative of the contracted provider responsible for assisting the individual in managing his or her resources and/or for supporting the individual with developmental disabilities services is to sign and date the Budget Summary on the identified line, which indicates the provider's commitment to providing those services to the individual.

Since the ICLB is submitted electronically, it is the responsibility of the provider to have **on file** the original signed copy of the ICLB with the individual and/or legal representative signature and the provider signature. For submission of the ICLB, the provider is to type in the names of the individuals who have signed the ICLB and the dates of their signatures for approvals of the budget. The format for all date fields is **mm/dd/yyyy** or 02/05/2222. If these fields are incomplete or incorrect, the budget will not be accepted by the system.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

General Comments

Include any information or description of activities (for example - activities related to Prior Authorization requests for occupational therapy. Include the application date, the reasons for the denial to justify the inclusion of the therapy request on the ICLB).

Budget Modification Request For Adjustment Of Services (BMR)

An existing ICLB may be modified if the individual requires an increase in Residential Habilitation and Support, Health Care Coordination, Behavioral Support Services and/or Independence Assistance Services only.

- A Budget Modification Request is to be utilized for when an individual requires an increase of support staff hours due to unexpected changes in the individual's situation or other service availability.
 - Example: Hospitalization of the housemate or illness of the individual when staffing hours were being shared.
- A BMR is a request for a short-term increase in a service that is already being provided through the individual's ICLB. A BMR may cover no more than a three (3) month period. More than one BMR can be submitted for an ICLB. Multiple consecutive BMRs suggest that the ICLB is inadequate for the individual's needs and a new ICLB should be developed.
- The BMR must indicate the current level of service, the number of additional units of service required, and the new monthly total for the duration of the BMR. A detailed written justification of the request must also be provided.
- When the provider provides the needed services before submission, approval, and verification of a BMR, the individual's Service Coordinator must be informed by the end of the next State business day or the BMR may be denied.

Note: There can be only one BMR in effect at one time. If a BMR is submitted and subsequently a second BMR is submitted covering the same time period, the second BMR must include the request from the first BMR.

For example:

- Jerome Doe has BMR #13 covering April and May and requesting an increase in Behavioral Support Services of 4 units.
- In April, BMR #14 for Jerome is submitted. It asks only for a 2-unit increase in Health Care Coordination for the months of May and June.
- If BMR #14 is approved, Jerome loses the 4 additional of Behavioral Support Services for May because they are not included on the BMR that is approved for May.

Note: The total amount for IAS services cannot exceed 30 hours per month.

For example, if someone receives 10 hours per month IAS, a BMR may be submitted for no more than 20 additional hours per month. If an individual receives 30 hours per month IAS, a BMR cannot be accepted. In this case, a new ICLB converting services to appropriate RHS services would be needed.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Note: A BMR cannot be requested within an ICLB that is not approved. A BMR can not be used to start services.

Residential Living Allowance Supplement (RLAS)

An existing RLA may be supplemented when an individual requires an increase in the amount of Residential Living Allowance available through his or her currently active ICLB. The Residential Living Allowance Supplement (RLAS) form must be used.

Only one RLAS may be used for the duration of an ICLB.

- An RLA Supplement must be submitted, approved, and verified prior to the actual expenditure of the extra funds. The provider must immediately notify the Service Coordinator of the individual involved and submit the RLAS form through the proper channels for review.
- An RLAS cannot be requested due to failure to appropriately manage monthly budgeted amounts.
- The RLAS must indicate the total RLA amount for the associated ICLB, the additional amount requested and new total available for the duration of the ICLB. A detailed written justification of the request must also be provided.
- RLA Supplements may include a request for repairs in the home or residence due to behavioral aggression. In order for BDDS to consider reimbursing for these repairs, there must be sufficient documentation of the appropriate implementation of a behavioral intervention plan and supervision of the individual. Documented consultation with the Service Coordinator is required if requesting an RLAS for repairs as result of damages. Natural consequences are to be enacted, therefore cost of damage should first be met within the individuals Earned Income Incentive and/or Personal Necessities, before requesting a RLAS.
- Negligence or lack of regular maintenance of the residence is not a justification for a RLAS.

Note: An RLAS cannot be applied to an ICLB that is not approved or does not already include an RLA.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Community Transition Services Costs

Community Transition Services Costs are intended to assist an individual's initial transition, moving into community based services from a facility based service, such as a group home, nursing facility, a large private ICF/MR or a state developmental center.

All moves must be approved by BDDS. Community Transition Services must be expended and billed for reimbursement within 90 days of the ICLB start-date.

When an individual is moving from a facility, such as an ICF/MR, Supervised Group Living (SGL) or Nursing Facility, and will have services funded via the Autism or DD Waiver, Community Transition Services Costs must be included on the individual's waiver Cost Comparison Budget (CCB) and not on the ICLB.

All costs claimed under this service shall be itemized and all receipts retained by the provider for BDDS and audit review.

The items purchased with these funds become the property of the individual. When individuals share items, a plan for the division of property must be developed and agreed upon by all parties and copies of the plan placed in each individual's file.

Community Transition Services do not include the first month's rent, but may include a housing deposit and Utility Deposits/Hook-up costs. Community Transition Services cannot be used for subsequent moves within the community.

1. **Housing Deposit:** Enter the amount required as a deposit for the individual's residence. Divide the amount in a fair and equitable manner, if more than one individual shares the residence. It is expected the deposits will be recovered or will transfer with the individual when he or she moves.
2. **Utility Deposits/Hook-Ups:** Enter the total amount necessary to begin utility services to the residence (e.g. phone, electricity, water). Divide the amount in a fair and equitable manner, if more than one individual shares the residence. It is expected the deposits will be recovered or will transfer with the individual when he or she moves.
3. **Furnishings:** Enter the total amount needed to provide basic furnishings (e.g., bed, table, chair, couch, dishes, utensils, towels, bedding). These items are the property of the individual. The responsible provider must retain an itemized list of purchases and receipts in the individual's financial records. If individuals are to share furnishings, an agreed upon "buy out" or division of property plan must be developed between the individuals in the event that housemate(s) move. Appliances are not to be purchased.
4. **Clothing:** Enter the total cost of the basic clothing needed by the individual.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Community Transition Services Costs (continued)

5. **Other:** Based upon the unique needs of the individual, other items may be purchased to assist in establishing a residence. Enter the cost of these items.
6. **Total Community Transition Services Costs:** The sum of lines 1 through 5.

Use the area titled "Justification and Notes" to provide a justification for the requested costs.

Note: The reimbursement for Community Transition Services Costs may not exceed the \$1000 amount established by BDDS, no matter the cost of the separate sections listed.

ADDENDUM: Personal Discretionary Funds

This page must be completed if individual receives an RLA and has an Earned Income Incentive (EII) or receives any lump sum benefits. *If the individual does not have an EII DO NOT enter "0" dollars.* Personal Discretionary Funds must be discussed with the Individualized Support Team (IST) in order to maximize the funds utilization and to improve the individual's quality of life. The plans should reflect the individual's informed choices and increase his/her independence.

This page should document the activity or activities in which the individual will participate or the planned purchases that the individual will make as a result of his or her Earned Income Incentive (EII) or lump sum payment.

The individual may choose to use EII dollars to increase independence by applying the EII to monthly living expenses, thus reducing or eliminating an RLA. This is not required of an individual receiving an EII. If the individual chooses to do so, it must be documented accordingly. If these funds are used toward Monthly Living Expenses, then the amount being used needs to be included under "Individual's Monthly Income and Benefits -- Other" on WORKSHEET Page 1.

The individual may choose to use EII dollars to increase independence by applying the EII to monthly living expenses, thus reducing or eliminating an RLA. This is not required of an individual receiving an EII. BDDS will not fund items that are not covered in the ICLB guidelines (such as car payments, fuel, car insurance, loans, additional cable premiums, child support, etc.) due to a loss of wages. When an individual is interested in obtaining internet services, the Earned Income Incentive is expected to be used for the monthly payment. If the individual accrues debt, the Earned Income Incentive needs to be used for repayment.

The job security of the individual must be taken into account when making these decisions; BDDS will not support items that are not covered in the ICLB guidelines (car payments, fuel, car insurance, loans, etc.) due to a loss of wages **or debt incurred by the individual.**

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Submission And Approval Process

ICLBs, BMRs, and RLASs must be submitted six (6) weeks prior to the start of services, or at least six weeks prior to the current ICLB expiration date. Services should not begin without an approved ICLB.

All ICLBs, BMRs and RLASs must be e-mailed to **bddsiclb@fssa.state.in.us** and are **not** to be submitted directly to the District Offices. The provider will be notified when the ICLB is received by **bddsiclb@fssa.state.in.us** and when a decision is rendered on the request.

A Service Coordinator must review every ICLB

- If any living expenses and/or service hours are above the guidelines for the individual living within the home, the Service Coordinator will review the ICLB or BMR or RLAS for complete explanation and justification. If necessary, the service coordinator will request additional justification for the requested amount of specific expense and/or service. Once the justification is received, the Service Coordinator will again review for completeness, and when the information is complete, will place comments within the Tracking section of the ICLB and approve. The ICLB will then be on the workload of the next step of the approval process and verification.
- If services and living expenses are within the guidelines, the Service Coordinator will review the ICLB or BMR or RLAS and will either can *Accept* an ICLB, *Deny* it, *Request more information*.
- The Service Coordinator must act upon the ICLB submission within 9 days.

A District Manager must review an ICLB if:

- It is the first ICLB for the individual, or
- The total ICLB Daily Cost is is equal to or greater than \$68 per day, or
- ICLB Services include Adult Foster Care (AFC) / Child Foster Care (CFC) Level II, III and IV, or
- ICLB Total Daily Rate increased by more than 10% over last ICLB, or
- It is a BMR or RLAS submission.
- The District Manager can *Accept* an ICLB, *Deny* it, *Request more information*.
- If the District Manager has concerns pertaining to any aspect of the ICLB, he/she will request additional information after consultation with the Service Coordinator.
- The District Manager must act upon the ICLB submission within 9 days after Service Coordinator's actions.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

Submission And Approval Process (*continued*)

The BDDS Director or the BDDS Director's designee must review an ICLB if:

- It is the first ICLB for the individual, or
- The total ICLB Daily Cost is equal to or greater than \$220 per day, or
- It is a BMR or RLAS submission, or
- ICLB Services include Adult Foster Care (AFC) Level IV, or Child Foster Care (CFC) Level IV
- The BDDS Director can *Approve* an ICLB, *Deny* it, *Request more information*.
- The Director or designee must act upon the ICLB within 9 days after District Manager's actions.

Bureau of Developmental Disabilities Services Verification:

- All ICLBs with a total ICLB Daily Cost less than \$220.
- The BDDS representative will *Verify* an ICLB, BMR, and RLAS, *Reject* it, *Request more information*.
- The Verification must occur within 9 days after District Manager's actions.

All Requests for Information responses must be coordinated with the individual's Service Coordinator. When a Request for Information is sent to the provider, the provider has 10 days by which to respond. If after 10 days, there is no response, the originator of the RFI may deny the ICLB.

DECISION DISTRIBUTION:

All BDDS decisions and Requests for Information will be sent via e-mail to the "person preparing the ICLB" as the provider representative and contact (see page 25) responsible for the management of the individual's funds.

The provider representative is responsible for delivering a copy of the budget as well as the decision and all BMRs and RLASs to the individual or legal representative. In addition, the provider representative is responsible for notifying and sharing the ICLB with members of the Individual Support Team of all decisions. If the requested requests are denied, the provider is responsible for informing the individual of the right to appeal the decision and if the individual is intending to or has appealed an adverse ICLB decision.

The approved and verified ICLB serves as the Residential Approval Form from the Bureau of Developmental Disabilities Services for the individual to reside at the listed address and receive the services included in the ICLB.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

APPEALS

The individual and/or the legal representative has a right to appeal any decision related to the action taken in regard to the submitted ICLB. The individual and/or legal representative may contact the Service Coordinator or District Manager directly to discuss the decision in order to possibly avoid a delay in the requested services, however, the individual and/or legal representative should file the appeal request while negotiating any change in the decision. The process below must be followed in order to arrange for an appeal hearing.

There are timeline requirements for the scheduling of the hearing and the rendering of a decision by the Administrative Law Judge. The Administrative Law Judge sends the decision to all parties.

APPEAL PROCESS:

1. Appeals must be made within fifteen (15) days of the receipt of the decision or action being appealed. Requests for appeal hearings must be made in writing and must state the reason for the appeal.
2. Appeals must be sent to:

Hearings and Appeals
Mail Stop #04
402 W. Washington Street
Indianapolis, IN 46204
3. An Administrative Law Judge will be assigned to hear the appeal.
4. A letter will be sent notifying the participants of the date, the time and the location of the appeal hearing.
5. After the hearing, the Administrative Law Judge will make a Recommendation and send a copy to all interested parties.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

CLAIMS AND BILLING TIPS

- Contact [ClaimsPayInfo@fssa.state.in.us] for assistance with submitting claims and billings to the State.
- Contact [BDDSIclb@fssa.state.in.us] for assistance with submitting ICLBs, BMRs, or RLAs to the State.

1. An ICLB must be approved and verified before a claim can be paid.

Claims for reimbursement from service providers must be matched against an ICLB that has been approved by all appropriate levels of BDDS personnel and then verified by BDDS staff. Once all levels of approval and verification have been achieved, an email letter is sent to the service provider, indicating that the ICLB is approved and claims will be reimbursed, when the claims are correctly submitted. If the ICLB is not approved and verified, the claims will not be paid.

2. BDDS must verify and/or give final approval on all budgets and modifications.

A letter of BDDS Verification or a letter of Final Approval will be sent to the service provider once BDDS has completed its review of the budget or modification. This letter explicitly states that the provider may begin submitting claims.

3. If there are questions, always contact a Service Coordinator first.

Do not contact Claims or Billing personnel until the local District Office has been consulted.

4. RLA is no longer a set monthly amount, but Services are still a set monthly amount.

As of October 1, 2002, the RLA amount on an ICLB is no longer restricted to a set monthly amount. This allows for possible changes in month-to-month living expenses for the individual. This also carries the responsibility of closely monitoring the RLA funds before the expiration of the ICLB, in order to avoid redlined claims.

Service dollars, however, are still a set monthly amount. Any claims for reimbursement that exceed the monthly budgeted or modified monthly budgeted amount will be paid to the maximum allowed and the excess will be redlined. This is regardless of the individual having received the additional services. No dollars will be paid that exceed the approved budgeted amount.

5. The ICLB and claim have to match.

- a. The name of the provider submitting the claim must be the legal name of the provider as identified within the ICLB.
- b. The type of funds to be reimbursed on the claim must match the type of funds requested on the ICLB for that time period – i.e. *Non-emergency RLA dollars* cannot be reimbursed if the ICLB only allows *Emergency RLA dollars*.
- c. The name of the individual on the claim must be the same as the legal name of the individual, as submitted on ICLB. The use of nicknames and initials are not permitted.
For example, Susan instead of Sue.
- d. The social security number of the individual on the claim must be the number as submitted on the ICLB.

6. The ICLB is a reimbursement system.

All claims must be for expenses and/or services already rendered and the provider must maintain auditable receipts and records of services.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

CLAIMS AND BILLING TIPS (continued)

7. A claim for reimbursement must be received within 60 days of delivery of service.

Main claims must be received by FSSA / Claims **within** 60 days of the service month. This means that the claim must be at FSSA / Claims before the end of the 60th day. (Note: Claims for **Community Transition Services** funds have an additional 30 days in which they may be submitted.)

Manual Claims must be received by FSSA / Claims **within** 60 days of the Approval Date of the ICLB or within 60 days of the service month. This means that the claim must be at FSSA / Claims before the end of the 60th day.

8. All claims must be mailed.

Unless specifically instructed otherwise, all claims must be mailed to the Claims Management address listed on the front page of the claim packet. BDDS cannot accept claim forms. *Claims sent directly to BDDS staff will be destroyed, per all State and Federal confidentiality guidelines.*

9. Claims must be submitted with all required pages completed, be on the correct versions of the forms, and have all necessary signatures.

Any claim that is incomplete or has an incorrect detail sheet or a county sheet will not be processed. All appropriate pages of a claim must be included when submitting for reimbursement. Any claims that do not include the appropriate pages will be immediately rejected and returned to the submitter, unpaid.

10. Do not submit an ICLB, BMR, or RLAS with billing vouchers.

Claims and ICLBs are handled by different divisions of FSSA. Claims Management staff do not have the authority to approve a claim unless the appropriate budget or budget amendment has been approved and entered into the database system. Claims Management cannot forward ICLBs or BMRs or RLASSs. Claims Management staff can only approve properly submitted claims for reimbursement.

11. All claims must have a contact person listed.

All reports and summaries and correspondence regarding claims are sent to the contact person listed on the claim form in question.

12. All manual claims must include a detailed explanation.

Any claim that is late or is a rebilling of services must go through a multi-step approval process and requires a detailed explanation of the circumstances requiring its approval. Manual claims that do not include a detailed explanation and justification will be immediately rejected and returned to the submitter, unpaid.

13. Always read the Redline Report.

When a claim packet is returned to the provider, a "redline" report is included which lists the claims that were denied payment authorization. Every redlined claim is explained with a "redline reason," which explains why the claim was not paid. Examine all Redline Reports carefully before contacting the appropriate District Office with questions.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

CLAIMS AND BILLING TIPS (continued)

14. BDDS does not mail checks to Providers.

Claims frequently are reviewed by BDDS. However, BDDS does not produce the actual checks. All funds come from the Auditor of State's office, so a lag in time between claim approval and actual receipt of funds reimbursement must be expected.

15. Claims are not currently service-specific.

When a claim is received to be approved for reimbursement, the total dollar amount requested for the RLA or for the services is balanced against the dollar amount listed in the current approved budget and any modifications within the database. If the requested reimbursement dollar amount exceeds the approved dollar amount, the excess is redlined. This redlined amount does not refer to any specific service.

16. Claim request exceeded the allotted amount.

Requests for reimbursement over the amount allotted by the budget will be denied.

17. Claim has a math error or incorrect units listed or incorrect dates.

Claims Management staff is not allowed to alter the information on the claim form.

18. Multiple months should not be listed on the same claim.

Each claim form should have only one month's information.

19. Claim had been hand-altered.

Claims Management cannot accept claims that have been corrected by hand.

20. Duplicate claim or duplicate billing submitted.

The claim has already been paid.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

GUIDELINES FOR EXPENSES AND COSTS

See the BDDS Service Definitions for the complete guidelines regarding specific services.

- **Appliances:** BDDS funds cannot be used to purchase or replace major appliances such as refrigerators, stoves, etc. in rental properties or properties owned by the provider. At this time, BDDS will not approve the purchase of appliances for an individual who owns their own home.
- **Automobiles:** Repairs, car maintenance, fuel, and car insurance cannot be funded through an ICLB.
- **Burial Trust:** BDDS will not reimburse deductions for burial trusts. Burial requests for individuals are supported using resources in the community such as township trustees, etc.
- **Cable TV:** BDDS may reimburse for the cost of basic cable or similar systems (basic services only—no premium or extra channels) if the individual chooses the service and can benefit from it. Cable costs are entered in the Monthly Expenses section of the ICLB under “Other” and must be divided in a fair and equitable manner among all individuals residing in the setting. . If an individual would like additional channels, only Earned income Incentive may be used for payment. BDDS does not fund cable TV for the use of staff.
- **Child Support:** Child Support payments are not supported through the ICLB. The individual will need to use his/her Earned Income Incentive.
- **Cigarettes:** The individual may purchase cigarettes, if there are Personal Necessities funds remaining after purchasing items that meet the needs of the individual for the month. Cigarettes are not to be listed as a separate Monthly Living Expense or requested on a RLAS. The provider is responsible for assisting the management of the Personal Necessities fund.
- **Classes/Hobbies/Court Ordered class attendance:** These activities can be supported within the current Residential Living Expenses (up to the limit within the guidelines) or Personal Discretionary funds. These are elective activities or court ordered participation. The consequences for an individual with court ordered class participation or re-payment because of criminal or illegal activities is the responsibility of the individual. Re-allocating the dollars that would support cable or other personal necessities must be considered.
- **Cleaning service:** Housekeeping is the responsibility of the individual, with support as needed from direct support staff. Services such as Residential Habilitation and Support provide basic housekeeping support for individual who is unable to perform these tasks. The individual may also obtain homemaker services from CHOICE services, if available. BDDS does not fund maid services.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

GUIDELINES FOR EXPENSES AND COSTS (continued)

- **Counseling:** BDDS does not reimburse for counseling services, when the individual is eligible for Medicaid. Counseling is a service covered by Medicaid. An individual eligible for Medicaid and who chooses a provider that does not accept Medicaid must cover those costs using the Earned Income Incentive or family contributions or other resources. When an individual is not Medicaid eligible and does not have an Earned Income Incentive, the ICLB may include Counseling Services within the “Other” under Services.
- **Dependents:** If the individual has child(ren), any income received specifically for the support of child(ren) residing with the individual, such as TANF, Child Support, Social Security, Food Stamps should not be included on the ICLB for the individual. Living expenses specifically for the child should not be included on the ICLB. BDDS is not responsible for Child Support payments.
- **Earned Income Incentive (EII):** There is no cap on the amount that an individual can receive through Earned Income Incentive. Earned Income Incentive is to be used for debts or payments to courts for child support, probation classes, etc. The Earned Income Incentive should be used to support those living expenses which are above the established guidelines.

The Earned Income Incentive is not to be used to pay for the staff person to accompany an individual to the leisure time activity, such as movies. It is not appropriate or acceptable for the staff to accept the tickets or the snacks or the cost of a meal from the individual's earned income incentive dollars. If the staff person wants to participate in the activity or meal, the provider or the staff person will fund the expenses. The concept to be developed with EII is that the individual is developing relationships that are not dependent upon paid staff or paying for staff or services.

- **Expenses Related to Staff Accompanying Individuals during Activities:** The expectation is that the individual will be accompanied by friends, family and other unpaid personnel who also enjoy the type of activities and events that the individual attends. It is a social, entertaining, fun event that can be a shared experience between/among friends, family, and associates. BDDS does not reimburse agency staff, friends, or family members for the cost of expenses related to admission to events and activities that an individual attends, such as admission to movies, dining out, etc. The staff expenses are considered to be part of the administrative costs covered in the service rates or a shared experience, or each person is responsible for his/her own expenses.
- **Fitness Centers/Gym Memberships:** Not reimbursable within the waiver or via the ICLB. Alternatives can include: free hospital classes, church programs, outdoor activities, park systems.
- **Food Stamps/EBT:** It is possible for an individual to receive both Food Stamps/EBT and grocery expenses. The amount of Food Stamps/EBT should be included in the

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

GUIDELINES FOR EXPENSES AND COSTS (continued)

Food Stamps/EBT (continued):

appropriate area under Individual's Monthly Income and Benefits. The total amount for Groceries for the month, including both Food Stamps/EBT should be listed within the Monthly Living Expenses. The amount listed under Monthly Living Expenses totaling more than \$200 requires justification.

Even where no justification is required, budgets with amounts in both categories will be reviewed carefully by BDDS. BDDS funds are not to be used to purchase food for support staff.

- **Foster Care:** Individuals receiving Foster Care services are not eligible to receive an RLA, RHS, IAS or Respite services. Finances need to be monitored by the provider responsible for managing the individual's finances to ensure that benefits are maintained. The Social Security Income or other types of income should be used to cover RLA costs (Room and Board).
- **Fuel/Gasoline:** See **Automobiles**
- **General Repairs and Maintenance:** The general repair and maintenance of rental property, including repair of major appliances and HVAC systems, should be included in the lease/rental agreement with the landlord.
 - RLA Supplements may include a request for repairs in the home or residence due to behavioral aggression. In order for BDDS to consider reimbursing for these repairs, there must be sufficient documentation of the appropriate implementation of a behavioral intervention plan and supervision of the individual. Documented consultation with the Service Coordinator is required if requesting an RLAS for repairs as result of damages. Natural consequences are to be used, therefore cost of damage should first be met within the individual's Earned Income Incentive and/or Personal Necessities, before requesting a RLAS.
 - The individual and the Support Team are encouraged to explore environmental modification possibilities to prevent damage.
 - BDDS will not fund on-going maintenance or capital improvements to property owned by individuals or providers.
- **Groceries:** The total monthly cost of food required to meet the basic nutritional needs of the individual. The groceries that are supported by this expense are groceries solely for the individual. If there are grocery funds remaining after purchasing items that meet the nutritional needs of the individual for the month, the individual may purchase food from restaurants. The provider is responsible for the managing of the grocery funds and to work with the individual to develop healthy eating habits within the given budget.
- **Guardianship Fees:** BDDS does not reimburse via the ICLB for fees related to legal guardianship and legal guardianship reports. Payment of this fee is an issue to be determined by the guardian and the court system. Guardianship fees should be arranged by a court order in order for the Social Security Administration to extract the guardianship fee prior to sending the benefit income to the individual.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

GUIDELINES FOR EXPENSES AND COSTS (continued)

- **Homeownership:** BDDS will not support requests for the purchase of homes by individuals. BDDS will not fund on-going maintenance or capital improvements to property rented or owned by individuals or providers.

Budgets that already include individual's mortgage payments must explain in the Monthly Living Expenses section of the ICLB that the individual has permission from BDDS to purchase the home and agreed to support the mortgage.

- **Housing:** DDARS/BDDS uses the established ICLB Housing guidelines (page 42) and the Fair Housing Market assessment provided by HUD. If the request exceeds the ICLB Housing guidelines, the provider will need to provide justification for the cost. Housing costs must include the provision of the refrigerator, stove, furnace/heating units and other appliances. Housing costs may include air conditioner and/or washer & dryer, snow removal and lawn mowing. The purchase and/or maintenance of major appliances with RLA or RLAS is not permitted. All maintenance to the property is the responsibility of the landlord or home owner.
- **Independence Assistance Services (IAS):** An individual requesting IAS on the ICLB is also able to request CHP:I, CHP:G, and transportation. When requesting IAS, an individual is not allowed RHS services or respite services via the ICLB. See the BDDS Service Definitions for further explanation and limitations for this service.
- **Insurance Policies:** BDDS will not reimburse for the premiums of life or medical insurance in which there are dividends or benefactors.
- **Internet:** BDDS will only cover the expense for basic dial up internet service. Internet service will only be authorized if 1) the individual does not have an Earned Income Incentive, 2) is not able to utilize the library due to health conditions which deems him/her home bound, and 3) is unable to use telephonic communication. A second telephone line cannot be requested due to the individual having dial up internet. The purchase of computers is the responsibility of the individual. The team should discuss the need to monitor the websites in which the individual is accessing for appropriateness while on the internet.
- **Lawn Care:** Items such as lawn care should be part of the lease/rental agreement negotiated with the landlord.
This responsibility of the individual's residence should be matched with his/her needs and capabilities. If an individual is unable to assist with the upkeep of his or her dwelling, the individual may be more appropriately served in a setting where activities such as lawn care are not the responsibility of the individual
- **Loans and arrangements for repayment:** BDDS will not reimburse.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

GUIDELINES FOR EXPENSES AND COSTS *(continued)*

- **Long Distance Telephone service:** BDDS will cover a minimal amount of long distance for an individual to keep in contact with friends and relatives, if the individual does not have an Earned Income Incentive. The amount of the long distance service is determined within the team and needs to be written with in the ISP. Suggestion: This service would be best monitored with the use of a long distance phone card.
- **Medical, Not Insured:** This amount should include any medical supplies, medications, or medical treatments that are **not** covered by health insurance, Medicaid State Plan, or other sources. This does **not** include Medicaid spend down, which should be entered in the actual Medicaid Spend Down field in Residential Living Expenses section.
- **Monthly Living Expenses (MLE):** This amount should be no more than 150% of poverty level for a single individual for the current year as published in the Congressional Federal Register or online at [<http://aspe.hhs.gov/poverty/figures-fed-reg.htm>]. Written justification is required when the MLE exceeds this amount. (An individual may supplement an amount with Earned Income Incentive in order to reduce the Monthly Living Expenses and RLA.)

- **Monthly Living Expenses-Per Individual:**

Housing:	<i>Single occupancy</i>	Up to \$450.00	exclusive of HUD subsidy
	<i>Double occupancy</i>	\$325.00	
	<i>Triple occupancy</i>	\$283.00	
	<i>Quadruple occupancy</i>	\$263.00	
Utilities:	<i>Single occupancy</i>	\$150.00	
	<i>Double occupancy</i>	\$115.00	
	<i>Triple occupancy</i>	\$87.00	
	<i>Quadruple occupancy</i>	\$65.00	
Telephone:	<i>Single occupancy</i>	\$40.00	
	<i>Double occupancy</i>	\$20.00	
	<i>Triple occupancy</i>	\$14.00	
	<i>Quadruple occupancy</i>	\$10.00	
Groceries:		\$200.00	exclusive of Food Stamps
Personal Necessities:		\$80.00	
Property Insurance:		\$18.00	
Medical - not insured:		\$20.00	

Monthly Living Expenses are not expected to be at the top level of these categories. If the Monthly Living Expenses exceed the suggested guidelines, a justification statement must be included with the ICLB.

- **Moving Costs:** Moving requires planning. The individual should plan and budget for expenses related to moving. At the discretion of the Director of BDDS, an RLAS may be approved to cover moving expenses, including deposits, fees for breaking leases, etc., especially if the move will result in shared services and a reduction in service costs.

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS FOR COMPLETION

GUIDELINES FOR EXPENSES AND COSTS (continued)

Moving Costs (continued):

It is unlikely an RLAS will be approved by BDDS to break a lease unless an individual's health and safety are jeopardized or significant cost savings in living expenses and services are demonstrated shortly after the move occurs.

Community Transition Services costs are for the initial move into the community only and will not be approved for any subsequent move. For subsequent moves in the community, it is expected that the individual's share of deposits (for utilities, security deposit, etc.) will transfer to the new residence.

Housemate options must also be considered when moving and a housemate should to be identified prior to the move.

- **Pets:** BDDS will not provide funding for the care of pets and/or companion animals. Individuals may use their EII or other contributions for these costs. If interaction with an animal is suggested for therapeutic reasons, the individual's IST should investigate options available in the community, such as volunteering at a Humane Society shelter, kennel, or animal hospital.
- **RLA Monthly Management Fee:** An **approved RLA** provider agency, that is not the provider of residential services and is requested **by the individual and team** to assist in the management of his/her Monthly Income/Benefits and Monthly Living Expenses, can be compensated at a rate of no more than 5% of the total RLE.
- **Snow Removal:** Snow removal should be part of the lease/rental agreement negotiated with the landlord. The responsibilities of the individual's residence should be matched with his/her needs and capabilities.

If an individual is unable to assist with the upkeep of his or her dwelling, the individual may be more appropriately served in a setting where activities such as snow removal are not the responsibility of the individual.

RLAS Request for Snow Removal requires specific justification.

- **Transportation:** The parent of an adult child may be reimbursed for transportation of the adult child, provided that the parent has a contract agreement between the provider and the parent and the service is included in an approved ICLB.